

# My Heart Care Action Plan

I will have my doctor fill this out with me.

My name:

Date:

My address:

Name of my doctor or clinic:

Phone number of my doctor or clinic:

Who to contact for me in case of an emergency (family member or friend to call):

(Name)

(Phone number)

**Your Healthcare Plus** phone number : 1-800-973-6792

## I should do these things to help keep my heart healthy:

1. I should not smoke.
2. I should get exercise or be active \_\_\_\_\_ times each week for \_\_\_\_\_ minutes each day.
3. I should eat less fatty foods like red meat (beef), whole milk and other dairy foods, fast food, chicken skin and fat, bacon and sausage.
4. I should eat less salty foods like lunch meats, canned soups, sauces, pickles, olives, and salad dressings.
5. I should not add salt to my foods when I cook or when I eat.
6. I should lose weight, if my doctor says I should.

## I should do the following things if I have chest pains (angina):

1. I should stop what I am doing and rest.
2. I should sit down or lie down.
3. I should take my 'nitro' medicine:
  - I should take one pill or spray and then wait five minutes.
  - If I still feel pain, I should take another pill or spray and wait five minutes.
  - If I still feel pain, I should try one more pill or spray and wait five minutes.
  - If I have taken my nitro medicine three times and I still have chest pain, I should (ask your doctor to fill in this part):



(OVER)

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**iHFS** ILLINOIS DEPARTMENT OF  
Healthcare and  
Family Services

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### Other things I should do:

1. I should call my doctor if my heart is beating fast for 5 minutes or more.
2. I should call my doctor if I'm short of breath.
3. I should tell my doctor if I have any problems with my medicine.
4. I should know when my nitro medicine will get old.

(Write down the date from the label and get new medicine before that date.): \_\_\_\_\_

5. I should call my doctor if I gain more than \_\_\_\_\_ pounds overnight or \_\_\_\_\_ pounds in one week.

### I should get help RIGHT AWAY if:

1. I feel weak or tingling on one side of my body.
2. I can't walk, talk or think clearly.
3. I feel dizzy or faint or like I might pass out.

### My medicines:

Name of my medicine	How much I should take	How often I should take this medicine	This medicine is for

### I should ask my doctor these questions:

1. Should I take an aspirin every day? ☐ Yes ☐ No
2. Should I chew an aspirin when I have chest pain? ☐ Yes ☐ No
3. Should I take a beta-blocker to protect my heart? ☐ Yes ☐ No
4. Should I take an ACE inhibitor to protect my heart? ☐ Yes ☐ No
5. Should I get a flu shot every year in the fall? ☐ Yes ☐ No
6. Should I have a pneumonia shot? ☐ Yes ☐ No
7. What should my blood pressure be? \_\_\_\_\_ / \_\_\_\_\_
8. What was my blood pressure?



Date tested:								
Reading:	/	/	/	/	/	/	/	/

9. What should my LDL (bad) cholesterol be? \_\_\_\_\_ What was my last LDL level? \_\_\_\_\_